

26

FEDERAL COMMUNICATIONS COMMISSION
Washington, D. C. 20554

JAN 22 2003

OFFICE OF
MANAGING DIRECTOR

Mr. Pasquale T. Deon, Sr.
Progressive Broadcasting, Inc.
Post Office Box 5
Fairless Hills, PA 19030

Re: Request of Waiver of Late Penalty
Fiscal Year 2000 Regulatory Fee for WBCB-AM
Fee Control No. 00000RROG-02-097
Bill No. 2001-9-0136

Dear Mr. Deon:

This is in response to your request, filed on behalf of WBCB for a waiver of the \$300.00 penalty for late regulatory fees for FY 2000. Our records reflect that you have not paid the late penalty.

In support of your request, you enclosed a copy of your check for your \$1,200.00 regulatory fee dated September 11, 2000, which you state is the date on which your payment was sent. You indicate that you do not feel you should be held responsible for the delay in processing by Mellon Bank.

Our records reflect that your FCC Form 159 that accompanied your check was date-stamped by the FCC Mail Room on September 26, 2000 and by the Mellon Bank on September 29, 2000.

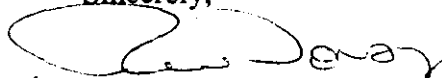
The Communications Act of 1934, as amended, requires the Commission to assess a late payment penalty of 25 percent on any regulatory fee not paid in a timely manner. It is the obligation of the licensees responsible for regulatory fee payments to ensure that the Commission receives the fee payment no later than the final date on which regulatory fees are due for the year. We find that Progressive Broadcasting, Inc. did not meet its obligation to file its regulatory fee to be timely received by the Commission by September 22, 2000. We therefore deny your request for rescission of the late payment penalty for late payment of the fiscal year 2000 regulatory fee.

Mr. Pasquale T. Deon, Sr.

2.

Payment of Progressive Broadcasting's late payment penalty of \$300.00 for FY 2000 is now due. The late payment penalty must be filed together with a copy of Bill No. 2001-9-0136, within 30 days from the date of this letter. If you have any questions concerning this matter please contact the Revenue and Receivables Operations Group at (202) 418-1995.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark A. Reger", is written over a horizontal line.

for Mark A. Reger
Chief Financial Officer

Enclosure:

Copy of Bill No. 2001-9-0136

00000RROG-02-097

Progressive Broadcasting, Inc.

P.O. Box 5 • Fairless Hills, PA 19030
(215) 943-5007 • Fax: (215) 945-4153

December 26, 2000

Susan A. Donahue, Chief
Revenue and Receivables Operations Group
Federal Communications Commission
Washington, DC 20554

Re: WBCB-AM

Dear Ms. Donahue,

We are in receipt of your letter dated 12/15/00 and are writing to request an abatement of the \$300.00 late charge.

Enclosed is a copy of the check dated 9/11/00, which is the date in which the payment was sent. We did not send the payment via certified mail due to our limited budget. Being a small AM station we try to reduce our expenses as much as possible.

We feel we mailed the payment in enough time to reach you by the due date of 9/22/00 and cannot be held responsible to the delay in processing by Mellon Bank.

We thank you in advance for your consideration and look forward to hearing from you.

Sincerely,



Pasquale T. Deon, Sr.
Progressive Broadcasting, Inc.

RECEIVED OCT 10 2002

Federal Communications Commission
BILL FOR COLLECTION

FOR INQUIRIES CALL
1-202-418-1995
(Credit and Debt Management Group)

Bill Number 2001-9-0136		Bill Date 12/15/00	Please write your bill number on your remittance. Payable to: Federal Communications Commission Send a copy of this bill to: Federal Communications Commission Credit and Debt Management Group P.O. BOX 358835 PITTSBURGH, PA 15251 - 5835																				
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">PROGRESSIVE BROADCASTING, INC. P.O. BOX 5 FAIRLESS HILLS, PA 19030</div><div style="width: 35%;"></div></div>																							
Total Amount Due \$300.00		Total Amount Due Must Be Received By	Due Date 01/15/01																				
Description																							
25% PENALTY FOR LATE PAYMENT OF FY 2000 REGULATORY FEE CALL SIGN: WBCB-AM																							
Please attach a copy of this bill to your payment to ensure proper credit.																							
Payment Type Code		Quantity	Fee Due																				
F	I	N	E																				
		1	\$300.00																				
Total Due			\$300.00																				
Payment Method: Check <input type="checkbox"/> (Attach) Credit card <input type="checkbox"/> (Complete Below)																							
<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA																							
Account No. <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																							
Expiration <table style="width: 100%;"><tr><td style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </td><td style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </td><td style="width: 10px;"></td><td style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </td><td style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </td></tr><tr><td style="text-align: center; font-size: small;">Month</td><td></td><td></td><td style="text-align: center; font-size: small;">Year</td><td></td></tr></table>									Month			Year											
Month			Year																				
I hereby authorize the FCC to charge my MASTERCARD or VISA for the service(s) / authorization(s) herein described.																							
AUTHORIZED SIGNATURE		DATE																					

PROGRESSIVE BROADCASTING CO., INC.

200 MAGNOLIA DRIVE
LEVITTOWN, PA 19054

EXPLANATION	AMOUNT

60-1278/319

09761

PAY

DATE	PAID TO THE ORDER OF	DESCRIPTION	DOLLARS	CHECK NO.	ACCT. NO.	CHECK AMT.
9-11-00	F.C.C.			9761		1500.00

OPERATING ACCOUNT

FIRST NATIONAL BANK & TRUST COMPANY
NEWTOWN, PA

NOT NEGOTIABLE

RECORD OF EARNINGS OR PAYMENTS

145 874 4

009761 0319127851

PAY PERIOD FROM TO RATE OF PAY

(11) PAYER (FRN)	
IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)	
(13) APPLICANT NAME	
(14) STREET ADDRESS LINE NO. 1	
(15) STREET ADDRESS LINE NO. 2	
(16) CITY	(17) STATE (18) ZIP CODE
(19) DAYTIME TELEPHONE NUMBER (include area code)	(20) COUNTRY CODE (if not in U.S.A.)
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED	
(21) APPLICANT (FRN) 00103-7277-40	(22) APPLICANT (TIN) 232710110891
COMPLETE SECTION C FOR EACH SERVICE. IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET	
(23A) CALL SIGN/OTHER ID WBICB-AM	(24A) PAYMENT TYPE CODE 0033
(25A) QUANTITY 11	(26A) FEE DUE FOR (PTC) 1200.00
(27A) TOTAL FEE 1200.00	FCC USE ONLY
(28A) FCC CODE 1	(29A) FCC CODE 2 PIA-LEVITTOWN-FAIRLEISS HILLS
(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE
(25B) QUANTITY	(26B) FEE DUE FOR (PTC)
(27B) TOTAL FEE	FCC USE ONLY
(28B) FCC CODE 1	(29B) FCC CODE 2
SECTION D - CERTIFICATION	
(30) CERTIFICATION STATEMENT I, Pasquale T. Deon, Sr., certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.	
SIGNATURE <i>Pasquale T. Deon, Sr.</i> DATE 9-11-00	
SECTION E - CREDIT CARD PAYMENT INFORMATION	
(31) <input type="checkbox"/> MASTERCARD	MASTER CARD/VISA ACCOUNT NUMBER: <input type="text"/>
<input type="checkbox"/> VISA	EXPIRATION <input type="text"/>
I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization herein described.	
SIGNATURE <input type="text"/>	
DATE <input type="text"/>	

FEDERAL COMMUNICATIONS COMMISSION
Washington, D. C. 20554

OFFICE OF
MANAGING DIRECTOR

DEC 15 2000

Progressive Broadcasting, Inc.
P.O. Box 5
Fairless Hills, PA 19030

Re: WBCB-AM

Dear Licensee:

This letter is notice that you were late paying your 2000 annual regulatory fee(s). Payment of regulatory fees was due to the Federal Communications Commission (FCC) by midnight, September 22, 2000. Your fee payment of \$ 1,200.00 has received on Sept. 26, 2000.

In accordance with Section 9 [47 USC 159(c)(1)], a 25 percent late penalty in the amount of \$ 300.00 has been assessed. Unless you can show just cause why the penalty is inapplicable, payment is due within 20 days from the date of this letter.

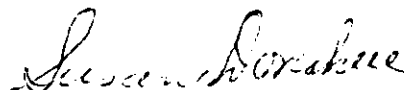
Payment should be sent to the Federal Communications Commission, Regulatory Fees, P.O. Box 358835, Pittsburgh, PA 15251-5835, along with a copy of the enclosed billing invoice.

If you have any documentation that will establish that the fee was remitted and received at Mellon Bank by September 22, 2000, such as a carrier dated receipt, please include this documentation with your response so that we can clear your record(s).

You are cautioned that failure to respond and/or pay the penalty will subject you to further sanctions as defined in 47 CFR, Section 1.1164 of our Rules. These sanctions include subjecting the delinquent payer's pending applications to dismissal, and may require a delinquent payer to show cause why any existing instruments of authorization should not be revoked. Further sanctions include interest charges, and the full cost of collection to the Federal government pursuant to Section 3720A of the Internal Revenue Code, 31 USC 3717, and the provision of the Debt Collection Act, 31 USC 3717.

If you have any question, you may contact my office at (202) 418-1995.

Sincerely,



Susan A. Donahue, Chief
Revenue and Receivables Operations Group

Enclosure



10-02-00 0538853 0883074 4 002

PROGRESSIVE BROADCASTING CO., INC.
200 MAGNOLIA DRIVE
LEVITTOWN, PA 19054

00-1270/919

09761

~~THE SUMMIT TELEVISION COMPANY~~

PAY TO THE ORDER OF

DATE 9-11-80

PAID TO THE ORDER OF F.C.C.

DESCRIPTION

CHECK NO. 9761

AMOUNT 1200

OPERATING ACCOUNT

PERST NATIONAL BANK & TRUST COMPANY
NEWTOWN, PA

00097610 00319127850 14587640 0000120000

SECURITY FEATURES: MICRO PRINT BORDERS - COLORED BRICK PATTERN - WATERMARK ON REVERSE SIDE - MICROSED FEATURE INDICATES A DUPE

IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

FILE NO	FILE NAME
1121	ADP1
1122	ADP2
1123	ADP3
1124	ADP4
1125	ADP5
1126	ADP6
1127	ADP7
1128	ADP8
1129	ADP9
1130	ADP10
1131	ADP11
1132	ADP12
1133	ADP13
1134	ADP14
1135	ADP15
1136	ADP16
1137	ADP17
1138	ADP18
1139	ADP19
1140	ADP20
1141	ADP21
1142	ADP22
1143	ADP23
1144	ADP24
1145	ADP25
1146	ADP26
1147	ADP27
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1162	ADP42
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1165	ADP45
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1176	ADP56
1177	ADP57
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1189	ADP69
1190	ADP70
1191	ADP71
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1196	ADP76
1197	ADP77
1198	ADP78
1199	ADP79
1200	ADP80
1201	ADP81
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1267	ADP147
1268	ADP148
1269	ADP149</

SENDING

SEP 26 2000

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

3060-0589
Page No. 1 of 1

JCKBOX =

FCC MAIL ROOM

SEP 29 2000

SPECIAL USE

FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) **PROGRESSIVE BROADCASTING INC.** (3) TOTAL AMOUNT PAID (U.S. Dollars) **1200.00**

(4) STREET ADDRESS LINE NO. 1 **P.O. BOX 15**

(5) STREET ADDRESS LINE NO. 2

(6) CITY **FAIRLEIS HILLS** (7) STATE **PA** (8) ZIP CODE **19030**

(9) DAYTIME TELEPHONE NUMBER (include area code) **215 943 5017** (10) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(11) PAYER (FRN) (12) PAYER (TIN)

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

(13) APPLICANT NAME

(14) STREET ADDRESS LINE NO. 1

(15) STREET ADDRESS LINE NO. 2

(16) CITY (17) STATE (18) ZIP CODE

(19) DAYTIME TELEPHONE NUMBER (include area code) (20) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(21) APPLICANT (FRN) **0003-7277-140** (22) APPLICANT (TIN) **2327011089**

COMPLETE SECTION C FOR EACH SERVICE. IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID **WBCE-AM** (24A) PAYMENT TYPE CODE **01033** (25A) QUANTITY

(26A) FEE DUE FOR (PTC) **1200.00** (27A) TOTAL FEE **1200.00** FCC USE ONLY

(28A) FCC CODE 1 **PA-LEN** (29A) FCC CODE 2 **+DOWN-FAIRLEIS HILLS**

(23B) CALL SIGN/OTHER ID (24B) PAYMENT TYPE CODE (25B) QUANTITY

(26B) FEE DUE FOR (PTC) (27B) TOTAL FEE FCC USE ONLY

(28B) FCC CODE 1 (29B) FCC CODE 2

SECTION D - CERTIFICATION

(30) CERTIFICATION STATEMENT
I, Pasquale T. Deon Sr., certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief. SIGNATURE [Signature] DATE 9-11-00

SECTION E - CREDIT CARD PAYMENT INFORMATION

(31) ☐ MASTERCARD ☐ VISA
MASTERCARD/VISA ACCOUNT NUMBER: [Number] EXPIRATION [Date]

I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization herein described.

SIGNATURE [Signature] DATE [Date]